MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/ 920971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1	1		51							
2		1				1	52							
3		2		2			53							
4		1		1		1	54							
5	1		1		1		55							
6				1			56							
7		2		2			57							
8		1		1		1	58							
9	1			1			59							
10		1		1		1	60							
11		2		1			61							
12		1		1		1	62							
13	1			1			63							
14		1		1		1	64							
15		2	1				65							
16				1			66							
17				2			67							
18				1			68							
19			1		1		69							
20				1		1	70							
21				2			71							
22			1		1		72							
23			1				73							
24			1				74							
25					1		75							
26					1		76							
27					1		77							
28					1		78							
29					1		79							
30					1		80							
31					1		81							
32					1		82							
33					1		83							
34					1		84							
35					1		85							
36					1		86							
37					1		87							
38					1		88							
39					1		89							
40					1		90							
41					1		91							
42					1		92							
43					1		93							
44					1		94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		7		7		TOTAL IND.							
TOTAL DEP.	15		21		37		TOTAL DEP.							
TOTAL CLAIMS	19		28		44		TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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